

THE CALIFORNIA MEDICAL JOURNAL.

H. T. WEBSTER, M. D. Editor.

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ORIGINAL COMMUNICATIONS.

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ADDRESS DELIVERED BEFORE THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, ON DECEMBER 11, 1883.

BY D. MACLEAN, M. D.

AGAIN we meet in annual convention for friendly converse, mutual benefit, and free discussion on medical topics. It is to be hoped that each year may find us better prepared to discharge the duties of our profession. Such will be the case if we are true to ourselves, and honest to our patrons. The wheels of progress are constantly moving onward, and if we keep pace with the age, we have no time to rest. We must not only move along with the current, but we must do our share of the work, and leave the impress of our hands on the age in which we live.

Therapeutics has been our strong oar. On our knowledge of the action of remedies we have gained our success. But we have no patent on the field. Others are giving close attention to this matter, and we are in danger of losing our laurels. The younger members are not doing their share. The older generation of eclectics were close observers, and accumulated a vast store of knowledge. It is true, a great deal of their work needs restudying and sifting, to select the valuable and reject that which is found to be useless.

Our *Materia Medica* requires to be studied from a physio-

logical stand-point. The medicine of the future will be physiological medicine, and prescribing will be done with more definiteness in relation to action and cure. Blind empiricism is not always a safe guide. To say that smartweed will cure a cold, or witch hazel the piles is not the kind of knowledge that we need. We have more than enough of that. What we want is the how and why. If digitalis relieves heart affections, how does it do it, and why will it not relieve all cardiac troubles? And so on to the end of the chapter, we want to take every medicine and ascertain what organ or function it influences. Who is the enthusiast among us? Who is the calm investigator? Who wants to distinguish himself and record his name on tablets more enduring than monuments of marble or bronze, by writing a new eclectic *Materia Medica*, basing his therapeutics on the physiological action of drugs? My own opinion in this matter may be expressed in the following propositions:—

1. Every medicine has a special physiological action on some organ or function of the human body.

2. The physiological action of a medicine on an organ or function stands in a positive relationship to its curative action in disease.

3. The relationship between the physiological action of a medicine and its curative action may be similar or antagonistic.

4. This relationship can only be ascertained by experiment and clinical observation.

For illustration, ipecac affects the stomach. In full doses its physiological action is to produce emesis. In health it would take about twenty drops of a fluid extract to produce vomiting. If already nauseated, two or three drops might be sufficient, yet a dose less than the full physiological dose would in all probability relieve the distress and arrest the vomiting. The small dose of ipecac in this case would set up a similar action, and thus supplant the diseased action. Cantharides in full dose produces inflammation of the genito-urinary tract, but in small doses it may be given to relieve inflammation. On the other hand, bromide of potassium controls reflex action of the spinal cord, and on the grounds of its antagonism we give large doses in epilepsy. The same law holds good in the use of atropia in iritis. Numerous illustrations might be given to

the same effect. We will, however, observe that if the curative action of a drug is similar to its physiological action, the dose must be much less than the physiological dose, while if the action is antagonistic, the full physiological dose may be given.

For the purpose of rekindling an interest in the investigation of remedies, I last year suggested the various committees that were appointed to investigate a number of remedies. I expect these reports will be valuable, and hope to see similar committees appointed each year. I make a further suggestion this year, that a prize worth \$20.00 be given by the society for the best report on some Pacific Coast remedy that may be selected by the society—competition open to all members in good standing. The president to appoint three judges who shall award the prize.

We have a medical college on this coast, in which all eclectics should be interested and take a just pride. On its standing depends the standing of our profession. On its success depends the success of eclecticism on this coast. What has this society done for it? What is this society now doing for it? It is weighted with a debt. It is burdened in its usefulness. Every member of this society, every eclectic on this coast, should own an interest in it. If each member will only buy one share of stock, it will place it out of debt, and in the hands of the society. Will you do it? I appeal to your pride and generosity, and hope my appeal will not be in vain. A few have devoted their time, energy, and money to establish this institution, while the rest have remained seemingly indifferent to the struggle for existence. We who are connected with it are ready to step aside, if others will take our places, and complete what we have begun. It has been a labor of love, attended with sacrifices to our pecuniary interests. The burden should be more evenly divided, and the glory shared by all.

As this society should be interested in the graduates of our college, I hold that it should have a voice as to their qualifications. The Examining Board of a college should be others than the teachers. They should be a disinterested body. But as this might be too great an innovation on present custom, it is the desire of the Board of Trustees that a committee of seven be selected by this society, who shall, in conjunction with the faculty, conduct the examinations

for graduates. I hope the society will avail itself of this invitation, and appoint the necessary committee.

Hoping that we will have a pleasant and profitable meeting, and seeing so many members burning with a desire to distinguish themselves, we will now proceed to business.

AN OPEN LETTER.

EDITOR CALIFORNIA MEDICAL JOURNAL:—I have considered for some time that the pen is, indeed, mightier than the sword, and that knowledge, acquired from any source whatsoever, should receive due reverence from every honorable man and woman.

Yet you know well that in some professions (strikingly so in ours) certain *honorable* and *educated* men, with minds *magnanimous*, have taken an oath not to assist or be assisted by any medical man or woman of any other *ism* or *pathy* or *ic*. They practice total abstinence in all literature save the Simon-pure one-school system, and that is often sadly neglected by its own followers.

The modes, manners, rules of order, and ethics which govern our illustrious brethren, remind me greatly of the pomp and show that prevailed in the fair land of Spain in the time of Cervantes. Their Quixotic charges constitute some of the most ridiculous displays of the nineteenth century.

Again, it is the custom when any one of another school gains prestige in a community by his strict attention to business, or his demeanor as a gentleman, for the old-school disciples to take pleasure in ventilating his wisdom so as to air their own. It is a game that has become very popular for an allopath to speak of a popular eclectic in this way: "Oh, yes, he is a bright fellow, well read, quite a gentleman, but in the wrong boat. His companions are all his inferiors." Most just judges!

The young men, and many of the older and well-educated of this school are now desirous of doing away with this restrictive law, and if they could do so the effect would be that ignorance would be found at the doors of the ignorant. Oh! what a chance for shoveling and clearing away there would be in some front yards. But the large cerebellum and small cerebrum predominate, and their possessors, like Charon, lay on the oar.

Or, instead of Dante's oarsman, we might take up a home-

lier and more practical simile that we, when boys, read in our Latin readers—a fable the substance of which was “a fox at a good height and in perfectly safe quarters looked down upon a grand lion and laughed in derision with many a loud guffaw. The lion, somewhat annoyed, thereupon remarked, ‘It is not you that tantalize me but your situation.’”

Have you ever stood on the outside of a high iron fence, the gate closed, and had a boy about your own size, in the second story window of the house, make horrible grimaces at you, call you hard names, and tell you your relations were no better than they ought to be? It is this out-of-reach position that is aggravating, and they know it. It is this boy-like way of talking from the second story window that tells on our sinews.

I do not assert that the followers of our school (the eclectic) are all wisdom and virtue, neither do I think it possible for any educational body to alone possess these qualities. I only say that the men who love the science of medicine are willing to receive knowledge from any source. They are willing to be taught and to teach how disease may be eradicated. In short, they are, in a gentlemanly way, ready to measure swords with any respectable antagonist and prove to the world who are the weak and who the strong. I will not quote the thrilling words of Macbeth to his adversary, “Lay on, Macduff,” etc., but will submit our encounter to logic and reason.

Mr. Editor, would you, if you had your choice, be at liberty with a few friends or in bondage with a great many? You would prefer the former. So would I. So would we always.

D. D. CROWLEY.

ILLUSIONS AND HALLUCINATIONS OF VISION.

BY F. CORNWALL, M. D., SAN FRANCISCO.

ILLUSIONS of sight are deceptive appearances of objects which are brought about by the intervention of some known law of nature, and may be seen by all; while hallucinations are exaggerated sensations of vision, to be seen only by the individual.

There are many ways in nature and in art by which may be seen optical illusions, and may be cited as instances the effect of amusing optical instruments, such as the zootrope

and magic lantern, and the illusions produced by refraction of light, as mirage, the Giant of Brocken, the fata morgana, the rainbow, the thaumaturgus of antiquity, etc. Thus Nostradamus made Marie de Medici see that the throne of the Bourbons was destined for her.

Hallucinations may be caused by diseased conditions of the organs of hearing or seeing, or from disease of the nerve centers which preside over these senses. Thus ringing of the ears, so common from disease of these organs, is a hallucination. Various affections of the eye may be accompanied by the illusory appearance of light, or images of objects. If any one wishes to witness this phenomenon let him, while groping from his chamber some dark night, run his eye against some projectile. He, in this case, beholds a panorama of the heavenly bodies, a beautiful constellation (what is usually denominated "seeing stars").

In excited states of the mind of emotional and imaginative individuals, brought about by long-continued meditation upon some all-absorbing subject, objects may appear before them to alarm or please, according to the character of the emotion. Thus if it were fear that one would meet with some dire catastrophe in life, the method of its execution, or the escape therefrom, might appear; while were it an overpowering ambition for some great acquisition, the individual might conceive himself the hero he wished to be.

Hallucinations are the product of a disordered state of the brain, brought about from any source. The morbid sights, noises and thoughts of the insane, or those who have delirium tremens, are hallucinations. During sleep, when the greater part of our senses and percepts are subordinated, images of objects and scenes which have been seen or witnessed in former years, will be revived. The brain, in the locality of the origin of the optic nerves or tracts, is capable of having photographed, as it were, upon it, all the impressions made upon it from the time of earliest conscious existence. From disordered states of the circulation of blood in the brain, brought about by mental anxiety or excitement, or from an oppressed digestive system, the base of the brain, in the part whence the optic nerve takes its origin, becomes pressed upon, and, being capable of no sense other than vision, these registered impressions are revived, and the individual revels in the scenes of former days. This part of the brain may be so irritated by dis-

turbances resulting from great emotions, starvation, or disease, as to produce a similar phenomenon as that by dreams, during the waking hours. The senses which usually have the ascendancy, at this time become subordinated to the morbid central impression, and a hallucination is the result.

Those who are very religiously inclined are more apt to become the subject of these illusions than others, hence we have in the history of the religions of the world much that is of interest, as it becomes the subject of controversies, while attempting to sift the true from the false; the real from the illusory. Tradition has given the origin of all religions, through the appearance, at different times, of something supernatural, and it is truly wonderful the effect on the history of mankind that these hallucinations have had. The astonishment increases when it is conceded that these fancies have originated from the over-wrought imagination of some unstable individual. How much of bad or how much of good has been done in the name of Mahomet, the dreamer! Deemed in his own time and among his own people a fanatical and unreliable man, his dreams were viewed much as those of a witch or wizard, but subsequently his followers increased in numbers until, through conquering wars, they embodied the greatest civilization of the globe. For the crescent of Mahomet rivers of blood have been shed, and millions of souls have died happily, from a consciousness of having sacrificed their lives for the great I Am.

The ages preceding ours were full of ghosts, hobgoblins, and spirits, good and bad. The daily lives of the greater part of that which now makes the intelligence of the world, were governed by these supposed supernatural affairs, and there remains to-day many who are more readily convinced by the improbable than by demonstrated facts. The spread of natural knowledge within the last century has done much to dissipate the barbarisms of superstition, and what was once thought to have a supernatural origin can now usually be accounted for rationally.

There are many very startling and interesting instances in history which might be commented upon, and a few I will mention. The Emperor Napoleon, in his younger years, saw a bright star before him by night and by day, constantly urging and leading him on to victory. Luther, of whom so much has been said recently, at one time saw the

devil and threw an inkstand at him, at any rate the marks of the ink are still shown on the wall of the chamber which he occupied. He often heard the devil walking in the room over his head, at night, "But as I knew it was the devil," he says, "I paid no attention to him, and went to sleep."

Individuals who are under the influence of a prolonged fast or certain narcotic drugs, as opium or hyoscyamus, may experience the most interesting optical illusions or hallucinations. A medical friend, under the influence of morphia, administered while suffering from a severe attack of rheumatism, had appear before him a row of coffined skeletons, constituting a great circle, and filing in front of him, each would stop and grin hideously. He was awake and in a conscious state of mind, and amused himself greatly by the antics of his visitors. The ignorant or superstitious individual would have been greatly alarmed by such an ocular deception.

I once had a patient who always became very religious while under the influence of the hypnotism of morphia. He was a notoriously wicked man, and his neighbors, or those who happened to be present, were greatly gratified on these occasions by this favorable turn of mind. He always saw angels hovering around him, and seemed anxious to have them carry him to their blissful abode.

An elderly gentleman in whose veracity I had the greatest confidence, narrated to me an incident of his youth. Having been raised by discreet and religious parents, he was kept from the vices of the day, such as gambling, drinking, etc., but being tempted by a comrade to repair to a saloon where such things were practiced, one evening, he started along a road past a cemetery. Just as he was about to cross a little bridge in the road, the earth or bridge seemed to rise suddenly in front of him, forcing him backward for several yards. He attempted three times to cross the bridge, but was thrown backward each time, whereupon he returned home, fully convinced of a supernatural intervention in his behalf.

WE are in receipt of a handsome New Year's card from Parke, Davis & Co, Detroit.

MORBUS COXARIUS.

BY J. G. PIERCE, M. D., SANTA ROSA, CAL.

WITH the multiplicity of authors and the graphic description most of them have given of this disease, it would seem that there was but little room for anything more to be said in the way of adding to the general stock of knowledge pertaining to it. But as certain facts will occasionally come to us either confirming or negating theories of causation, modes of invasion and progress, or methods of treatment, we should not always feel at liberty to withhold them. In the medical journals of the present day the laity have their medium for airing their thoughts, and may even criticise authority if we can adduce facts based upon experience and intelligent observation. It is likely to fall to the lot of almost every physician who is doing a good business, to be called upon to treat this disease. And in his busy rounds his books are not much read, only occasionally referred to, to post up on special cases in hand, while his journal is taken up at any moment of leisure and read as a solace and recreation. Hence my apology for treating on a subject that may be found so accurately described in any good surgical work.

The first symptoms are of the greatest importance to understand, for at that period if we recognize them and get in our work well, we will in most instances be able to save to the patient a useful limb and many months of excruciating pain and a wearisome existence. I will leave the two succeeding stages to be looked up in the books. And that will be too frequently the situation we will find ourselves in through neglect or misapprehension on the part of the parents. Then we will have plenty of time to post up on symptoms. But before proceeding with this, I wish to notice the modification of views as to its cause set forth by recent writers after the leadership of Dr. Lewis A. Sayre, who holds that it is seldom if ever caused by scrofula, strumose, etc., as maintained by the older authors, but that it has its origin from some injury, as a strain, blow, or concussion. While external violence may in some instances be the direct, and in some others the exciting cause, I have no doubt, after something of an extended inquiry and personal observation, that there is in most cases a cacoplastic condition existing, of the parts, either of interarticular fibro-cartilage, synovial membrane,

synovial fluid, capsular ligament, or the bone itself, one or all. In gouty arthritis it is fully conceded that there is a deposit of chalk, stones, or acicular crystals of urate of soda. Why not this large joint so deeply imbedded and ensheathed as it is, be the receptacle and first suffer from the devitalizing influence of cacoplastic material pushed out as it were from the more active vascular system surrounding it, and in the direction of least resistance? Not receiving its supply of healthy plasma it is not difficult to see how readily it would become irritated and finally inflamed from *simple use*.

I can best give the symptoms and also the treatment that I have found most effectual for cure by reporting a case or two that I had on hand from the first appearance to recovery. H. W. P., three years of age. He was first noticed to complain of being tired and his knee aching after short walks, and starts and exclamations from sharp pains in the knee during the night. This continuing for a few days I gave him a close examination and found the following condition. There was no tenderness from pressure of the knee, neither from flexion or extension, but upon striking the knee upwards while in a flexed position his countenance indicated pain, and when asked where it was, placed his hand over the hip joint. When stripped and placed in a standing position the inclination was to extend the right foot forward and rest on the tarso-metatarsal joint, with the limb slightly flexed, and when his feet were placed together and required to stand in that position there was a decided bending forward in the lumbar region, and the gluteo-femoral crease instead of almost transverse, extended obliquely downward and not so distinct as upon the opposite side. The nate was somewhat lower than the other, and flattened. With this description I have invariably found hip disease. With our then existing state of knowledge (seventeen years ago), I commenced his treatment. Hill's surgery was our guide then, although Erichsen and Gross were consulted, but, offering nothing to my mind better, and not *promising* quite so much, I immediately applied the irritating plaster over and around the joint and gave the appropriate constitutional treatment according to the first-named authority, which I need not repeat here, for not many at the present time would think of adopting it. This proved irritating indeed and the medicine was intolerant to the stomach. This was thrown aside and the surface healed, then adjusted a shellac splint which gave rest from motion,

but not from pressure when the foot was used for walking. I then used, under the advice and direction of Professor Sherman, of Chicago, who had an extensive reputation for the treatment of joint diseases, an apparatus made with perinæal band, foot-piece, and shaft, with ratchet for extension. When applied it looked like a perfect machine, theoretically all that could be hoped for. And I must say that it *was* as perfect a machine as I have seen since, and their number have been many. He walked well with it, and with a comparative degree of comfort. But there was no appreciable check to the progress of the disease. The second stage was ushered in while using it. I thereupon reasoned thus, that there was an injury existing far more serious than if the bone had been fractured, and in a case of fracture we would not for a moment permit movement of the part until perfect union had been secured, and that confinement for an extended period was no greater hardship to endure in the one, more than the other, and not nearly so likely to be followed with that degree of emaciation that we inevitably meet with resulting from inflammation and suppuration, where rest is not secured. I therefore put him to bed and required absolute rest, only permitting movement for the purpose of nature and change of position. This was rigidly enforced, so far as could be without confinement with splints. From that on there was a gradual subsidence of the disease, so that at the end of six weeks I thought it safe to put him on crutches, thereby permitting of recreation sufficient to facilitate amendment, allowing the leg to swing but not to touch the floor. Syrup of the iodide of iron was given early in the disease and continued, occasionally replaced by iodide of potassium with an elixir of gentian with muriatal tinct. iron. Pepsin was given to aid digestion, and everything avoided that seemed to disturb that function. Frequent sponging with warm water seemed very comforting and relieved restlessness. In two months more his crutches were laid aside and he walked on a useful but somewhat shortened limb. If there was ulceration and suppuration, which should account for the shortening, it was taken up by the absorbents for none appeared on the surface. But I am of the opinion that shortening is largely due to disturbance of the nutritive functions of the affected limb. The young child will grow in stature notwithstanding his affliction, and if nutrition of the limb is consumed with fever or fails to be appropriated by

reason of functional incapacity, it cannot keep pace with its fellow, and a few months will make relatively a great difference. Before his final recovery a scrofulous abscess made its appearance on the opposite hip about one and a half inches below the trochanteric prominence but seemed to be confined to the soft parts, and remained for many months obstinately refusing to heal, frequently discharging the glistening, cheesy-like masses peculiar to that disease. It has frequently reappeared at long intervals up to two years ago.

E. B., a cousin to H. W. P., five years of age, exhibited all the strongly marked symptoms as above given and a more decidedly scrofulous diathesis in general appearance. I had her confined in the recumbent position on a mattress about two months before permitting movement of the limb. All pain and swelling having subsided by this time, she was permitted to go on crutches a month or six weeks longer, until all danger of reappearance from use had passed away. She had for internal remedies the iodides, pepsin elixir, gentian with iron, and syrup lactophosphate of lime, with Fowler's solution as each in turn was indicated, but withholding at all times medicine or food that was not well received by the stomach. The leg upon measurement was found to be one-half inch shorter than its fellow on the opposite side, and, after a lapse of thirteen years, shortening has somewhat increased, but with a corksized shoe bringing it on a level with the other it is hardly noticeable in her movements. I have treated two others whom I was permitted to control in like manner, and with like results. No suppuration in any of these cases. With frequent sponging with water when feverish, and an occasional anodyne when pain was most severe, the patient upon the whole seemed to have a tolerably comfortable time of it. I have observed the efforts of other physicians to treat this disease with extension apparatus which would permit the use of the leg for locomotion, but always with bad results—not always from lack of skill on the part of the physician, but the seductive machine, when adjusted, no matter how skillfully, or how perfect it may appear, and the child turned loose "to its own sweet will," it will as surely "abuse its privileges." And if perfect extension could be maintained without disarrangement, the pressure of the perinæal band with movement of the soft parts, would be sufficient to overbalance all benefits derived from separation of the periosteal surfaces. It is hard to convince the

parents that the child who only has the knee-ache and is "just a little lame" *must*, to save to it a useful limb and much suffering, be confined to a mattress two, three, and sometimes more months. But when the profession decide to treat all such as they would a fracture of the femur, demanding that it shall be done or refusing all responsibility, the sooner will we cease to incur odium from failure to prevent so much unsightly deformity. Refuse to adjust all appliances that may flatter the parents with the hope that the child may still walk and get well. There is no royal road to recovery in this disease. If extension is used let it be after the manner of Howe in the "Art and Science of Surgery," by applying adhesive strips on each side of the leg to above the knee, attaching a cord to the loop at the bottom of the foot and to the foot of the bed, elevating the foot of the bed ten or twelve inches by placing blocks under the foot posts. "With this contrivance the patient's body tends to slide towards the head of the bed and extension is thus produced. The patient does not object to the restraint, especially as he is easy while the extension is kept up, and he can have pictures and playthings to divert his mind. His companions can visit him, and there is no complicated apparatus to get disarranged." While I have had good recoveries where there was greater freedom for movement and for changing position, this plan of extension commends itself to my mind for two reasons: First, it is a very impressive means of forcing upon the minds of parents that there was "something being done" and that there was a grave necessity for doing it. Second, if so adjusted that the traction shall not prove irritating to the patient by too tensely stretching the muscles, it would give the best promise of filling all indications, to-wit, *perfect rest*.

A CASE OF OTORRHŒA OF TWENTY-THREE
YEARS' STANDING CURED BY ONE
APPLICATION.

BY F. CORNWALL, M. D.

A PROFESSIONAL friend of mine (a dentist) applied to me who had suppurating inflammation of the middle ear. He stated that he had had some of the best aurists in the United States treat his ears, and that as long as twelve years ago Doctor Williams, of Cincinnati, pronounced him incurable.

Notwithstanding there was nothing in the appearance of the case to warrant an unfavorable prognosis, considering the unsuccessful attempts of so many really skillful specialists, I was very cautious in giving an opinion. The odor from the ears was such at times as to almost unfit the doctor for his professional duties, and although he had but little expectation of getting relief he thought worth while to make another trial.

Examination showed the following subjective symptoms:

H. D. R.=6-48.

H. D. L.=8-48.

The tuning fork test showed very marked increased acuteness of hearing by bone conduction. Ordinary conversation could be understood three or four feet.

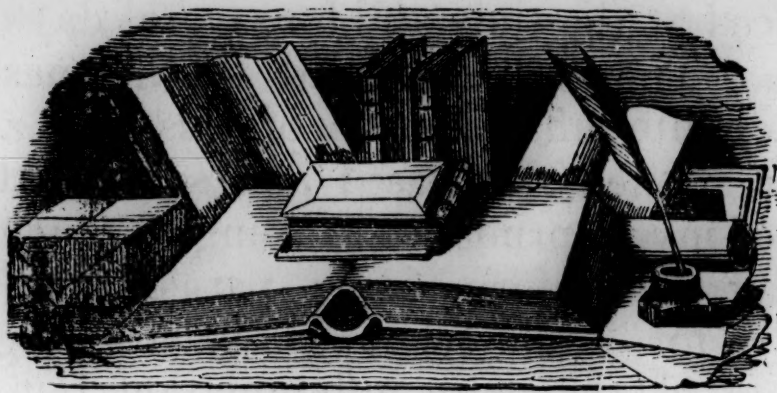
There had been, he said, no very appreciable change in the hearing acuteness for a number of years. Objective symptoms: R. E., mt. and ossicles gone; L. E., a portion of the upper part of the mt. and the ossicles were present but adhered to the upper part of tympanum. I could see no necrosis and there was considerable hypertrophy of the mucous membrane which was deep red in color. The eustachian tubes were freely pervious and the patient could whistle out of his ears readily. There was chronic naso-pharyngeal catarrh, and the mucous membrane of these parts was hypertrophied.

Treatment: After syringing the ear with warm water and drying it with a cotton probe, I poured into it a half dozen drops of a forty-grain solution of nitrate of silver (40 grs.-- \bar{z} i). Where there is perforation of the mt. and a pervious eustachian tube, I always force the solution through into the throat, and in this way medicate the pharynx and tube better than would be possible in any other way. In this case there was a difficulty in getting air into the pharynx through the ear, although air passed out from the pharynx readily. In an ordinary case, in order to force a fluid into the throat from the ear, it may be accomplished by placing the finger upon the tragus and pressing inwards with a quick motion, when the chemical will be felt in the mouth. This maneuver failing, resort was had to the politzer bag armed with a nozzle fitting the external meatus. There still seemed to be an obstacle, and, exasperated by frequent failures, I used great force for a number of times and finally succeeded in getting the chemical through both tubes. Some pain and tinnitus

were experienced at the time and for several days succeeding this procedure. The pain extended to the mastoid region, and there was acute inflammation of this part as well as of the middle ear. I felt displeased and somewhat chagrined at the results of my imprudence in using so much force with the politzer bag, and informed my patient that we would wait a few days for developments. The discharge increased with the advent of the acute inflammation, but changed in its character, becoming more fluid. Gradually this discharge grew less, and at the end of eight or ten days ceased altogether. I used a few treatments afterwards, but am satisfied that the one application did the work.

Status Presens.—The hypertrophy of the lining membrane of the tympanum has disappeared, and the tinnitus and other uncomfortable sensations have ceased. The hearing acuteness has not been raised greatly, but with the cure of the pharyngeal hypertrophy and the proper adjustment of artificial drum heads slight improvement may be expected.

Epicritical Remarks.—It is nothing new to otologists to cure a case of otitis media suppurata with a single application, but the reason why others failed and I succeeded in this case, is the point I wish to enforce. The suppurating surface here undoubtedly was located in some crypt or in the recesses of the mastoid cells, and the applications had failed, to reach it. The syringing of the ear or cleansing it with the cotton probe would alike drive the secretion more tightly into the crypt or cell, and thus be a barrier to ingress of the caustic or antiseptic application. The repeated application of great force by the air bag would, it would seem, dislodge or displace the purulent matter and force the argentic against the suppurating surface. This is an accidental cure by a heroic measure which could not always be practiced without accident, but it demonstrates this (providing my conjectures were proven to be facts), that many obstinate cases of otorrhœa are made so by the location of the ulcer or discharging surface.



EDITORIAL.

TO SUBSCRIBERS.—A single pencil mark across the margin opposite this note is a receipt for the present volume. It should appear in the issue following the sending of the subscription price. A *cross* instead denotes that the subscriber has neglected to pay for his last volume. Send postal orders if possible.

Reformed Medicine.—There is a class of medical men who are continually harping about reformed medicine as though the ultimatum of medical knowledge were already attained and its *summum bonum* in their exclusive possession.

With such we can only consistently join hands when they are willing to admit that past reformation in medicine meant the uprising of an active spirit of investigation, and a vigorous effort for future excellence. We cannot grant to them the belief that medicine has become reformed beyond further reformation, for the very assumption of such a state smacks of dogmatic egotism, and is a reflection upon the energy and ability of the present progressive part of the profession.

It was such a spirit as this that held the world in chains for many a weary year. It was such a spirit that Luther broke in upon and, alas, it was the very spirit that he inculcated in his edicts, and which awaited much longer for Roger Williams to confront in puritan New England. Such a spirit met Columbus at the threshold of the struggle which finally gave us a new world; it met Pare, Harvey, Jenner, and a host of others—a spirit of illiberality and dogmatic self-assumption.

My friend, the world has never stood still. From the time its molten mass became crystallized rock until the

present hour, there has been continual progress; slow, probably, at times, rapid and crisis-like, possibly, at others, but still there has been no halt; no time when there was not some progress being made toward a better and higher state. Call the earth a finished planet, if you will, but there is still opportunity for improvement in human attainments.

Medicine is entering upon an era of real usefulness. The prejudices of old-fossilism cannot check the spirit of enterprise which has entered into all its branches. Be careful that reformed medicine sit not with folded hands until the cobwebs of a departed time festoon and enwrap it in musty solitude.

Railroad Medical Education.—This is a time of wonderful speed in many of the important avenues of life. A few years ago slow sailing vessels required months of time to cross the Atlantic. Now swift moving steamships accomplish it in a week. The rushing locomotive and lightning express have supplanted the prairie schooner and pony post. Electricity conveys intelligence with flash-like rapidity between the antipodes, and the human tongue articulates distinctly through many miles of space.

What a pity that proportionate speed cannot be achieved in turning out new doctors! There is such a dearth of medical men, such a long-felt need of more to fill waiting vacancies. But, alas, no Stephenson, no Fulton, no Morse, no Edison has invented the requisite instrument to multiply the capacity of the human brain. Through long ages this may have slowly increased in power but so slowly that it still requires time and study to mature and thoroughly impress a medical education.

Another provoking and disheartening fact is that the tendency of the best medical minds of the time is toward a higher standard of culture. The doctrine is gaining ground that a student cannot be crammed for keeps, so to speak, in a few months with what he ought to occupy years in thor-

oughly appropriating. True he may, if he possess a parrot-like quality of repeating what he hears, be capable of passing a creditable examination, but has he occupied sufficient time to analyze, arrange, and clearly comprehend the subject?

We are impressed with the belief that the railroad system of medical education is "a delusion and a snare." Public sentiment has grown hypercritical upon the subject and is becoming still more so. The impression that doctors are gotten up on short notice is not one of the least of reasons for the growing irreverence with which the profession is regarded by the laity. Medical institutions which adhere to the highest requirements will be the ones whose diplomas will possess the greatest value in coming time. Honest adherence to correct principles will endow their alumni with greater honors than the signatures of eminent and well-known professors.

But this will not be the greatest satisfaction in graduating from an institution chary of its honors. In coping with that problem "How to build up a practice," well and substantially laid knowledge, not that alone necessary to pass a professor's chair but that embracing a clear idea of details of practice and of the relations existing between health and disease, of the essentials of medicine in a broader scope than a few short months of drilling in any medical college can afford, is in these days of a crowded profession indispensable to eminent and satisfactory success. This requires time, talent, and adherence to studious habits and cultivation of the powers of observation.

In this connection we deprecate the fact that the time consumed in fitting students for medicine is so brief. The fact that our requirements are higher than those of any other eclectic medical college in the world does not satisfy us, for the time is, nevertheless, too short.

The student who crams or, in more reprehensible ways, slips through by evading just requirements, or who selects that school which claims recognition by barely standing

within the pale of the law because he gets through easily or in a short time, wrongs many but none other so much as himself. He need not rush to the graduating class in order to get through before all the good places are taken. They were taken long ago. It now remains for him to prepare for a place upon the upper shelf, else he may expect to jostle with a very common herd for life's necessities. Here comes in the question, "Will a railroad education fit him for the former position?"

Since writing the above a member of our State Board of Examiners has informed us that one of these fast-time graduates who was not willing to go through the slow process of graduating at the California Medical College, went East and shortly returned to the Pacific Coast full fledged with a diploma from the American Medical College. Deeming the graduation a premature birth from knowledge of the length of gestation, the Board very wisely declined the honor of granting him a license. Now we see no other way for the gentleman than to return to St. Louis and locate beneath the sheltering wing of his *Alma Mater*, where, doubtless, he will be allowed to demonstrate the length and breadth and height and depth of his instruction. Let California eclectics know henceforth that there will be no more fooling with the State Board. The time is coming when Eastern colleges must require more study from their students as a rule or they will not pass muster here.

Another college in that neck of the woods, not in St. Louis however, must be ventilated a little in the near future. Space not permitting now we may tender it our regards some other time—a discreet and highly virtuous institution but, nevertheless, most guilty, as we might show.

Faradism in Disease.—Having now considered some general points to be thought of in the employment of faradism in disease, we will pass to methods of treatment in particular cases.

Not wishing to invade the domain of ophthalmology we nevertheless regard this agent as highly valuable in certain diseased conditions of the eye. We have relieved neuralgia of the eye of weeks' standing with one treatment after atropia and morphia had been employed. The morphia by hypodermic injections and various favorite applications had been made without affording relief enough to enable the patient to sleep. After the first application the pain was so much lessened that a good night's rest followed. Of course this will not always result so favorably, but it will do to think of and try in every obstinate case of neuralgia of the eye.

To employ it we must be governed partly by the condition existing and partly by trial. Usually the positive sponge may be moistened and placed against the closed eyelids of the affected eye, while the negative is held against the nape of the neck. Then let the current which should be very mild at first be gradually strengthened until the patient becomes fairly cognizant of its influence, then still strengthen from time to time as the part becomes accustomed to it until it has passed through the part for from five to ten minutes. If the treatment should be continued too long and pain should result therefrom, the poles should be reversed and the current sent in the opposite direction for a few seconds, when the unpleasant results will have subsided. In some long standing cases the negative may do better than the positive over the eye, when the position of the poles should be reversed in the start. The principles already laid down, namely, the positive where we desire a sedative influence, the negative where we need to stimulate, will guide us here if we can decide which is indicated, but that may be a matter too occult for us to determine until we have tested it by the use of the currents.

Scrofulous disease of the conjunctiva is a condition where the faradic current may be employed with happy results. We have known cases which had resisted the best efforts of

eminent oculists speedily cured by the influence of faradism. The photophobia lachrymation and redness rapidly disappeared, and the patients were enabled to use the eyes as well as before.

In order to treat such cases properly an electrode should be connected with an eye-cup so that the eye may be faradized in a bath that the lids may be opened therein and the current brought in direct contact with the conjunctiva. Electrodes of this character are kept in stock by all dealers in electrical supplies, and one should be in the possession of every physician who uses electricity in his practice, for by its use many cases of conjunctivitis may be arrested in their incipiency and the cup is useful in treating neuralgic and rheumatic affections of the eyeball.

In using the cup it should be filled to the brim with tepid water, a temperature of about blood heat being commendable; then the patient should take it in his hand, holding to the wood-covered portion and avoiding the metal mountings that the current may not be diverted from its course. The subject should be instructed to wink occasionally while the eye is in the bath. In applying the cup to the eye the opposite electrode should be applied to the nape of the neck *after* the cup has been adjusted, for it would cause an unpleasant shock to close the circuit with the cup, but after that has been properly adjusted close by placing the opposite electrode upon the neck. In removing the cup remove the sponge at the neck first. As the cup should be held in a perpendicular position in order to avoid spilling the water the patient must tilt the head well forward while applying the eye to it, that it may be properly adjusted, a matter to which the physician should always give attention. It is hardly necessary to remark that chronic cases of scrofulous ophthalmia usually demand the negative pole, while acute conjunctivitis is benefited by the positive.

THANKS are due Dr. Geo. R. Fortiner for courtesies extended the editor.

“Progressive Myopia in Relation to the School System.”—Under the above caption appears an article in December number of the *Independent Medical Investigator* by H. Taylor, M. D., upon which we wish to make some remarks. It is not our wish, or inclination, to ridicule Doctor Taylor's article, but to call his attention to some erroneous statements he has made regarding the mechanism of the eye and some theories of vision. He says: “The human eye is a purely optical chamber for the reception and focal adjustment of rays of light emanating from every point of the object to be observed on its adjacent surface.” How is it possible that rays of light can emanate from a nonluminous object? The eye not only receives and adjusts rays of light but also transmits images of external objects. Again:—“covered with a hard external tunic which serves as an attachment of six muscles of the globe which rotate the ball on the posterior pole of its axis.” He speaks as though there were but one axis of the eyeball, but evidently refers to the antero-posterior axis. The eyeball has as many axes as any sphere. However, it is not a fact that the eyeball rotates upon the posterior pole of its *antero-posterior* axis, but upon a point within the ball situated fourteen mm. behind the cornea, and ten mm. in front of the sclerotic, on a line of the antero-posterior axis. He says the function of the pigment layer of the choroid is to “prevent light from entering the chamber through the neural structure.” By the “neural structure” does he mean the retina? If so why does he wish to prevent light from passing through it? What “neural structure” does the pigment layer of the choroid prevent light from passing through? We are at a loss to conjecture the Doctor's meaning. The pigmentary layer of the choroid, ciliary body and iris (the uveal tract), prevents light from entering the eye other than through the pupil, and absorbs rays that pass through the retina so that they may not be reflected back to some other part of the eye.

In his remarks on refraction he says: “Different substances

of the same density possess different refractory power." It is not common to speak of the "refractory" power of media in optics. The term refractive is used universally. We often hear of refractory horses, but not of refractive horses. C.

Remedies for Nasal Affections.—A number of remedies have places in this group but we will mention a few which have been successful in our hands.

Foremost comes bichromate of potassium, which in one-hundredth grain doses three or four times daily relieves many cases of irritation and congestion of the Schneiderian membrane, both acute and chronic. Where there is chronic watery discharge iodide of potassium in small doses will frequently afford relief, one grain in four ounces of water, a teaspoonful three times daily. Where the discharge is the result of a recent coryza, profuse, thin, and watery, the hundredth of a grain of atropia sulph., repeated three or four times daily, does best. This part is also influenced by pulsatilla which has cured chronic nasal catarrh.

The nasal electric douche, to be described hereafter, will act very nicely in conjunction with the properly selected drug. When the irritation is principally about the posterior nares, as is often the case, the carbolized spray will assist materially. The condition of the general health should not be lost sight of. Debilitated conditions of the general organism would interfere materially with the results of special treatment.

What Is Homeopathy?—It seems difficult for some people to comprehend the meaning of the term "homeopathy." If they find a remedy introduced by the homeopaths to act effectively in the treatment of disease after having tried other means with failure, they jump at the conclusion that the credit all belongs to that school and are ready to swallow the entire Hahnemannian doctrine. Such people lack discrimination and good reasoning faculties. Besides, when they allow themselves to be caught by such speciousness, they are wanting backbone.

Homeopathy means the creation in a diseased organism of a secondary disease similar to that already existing, and maintains that this will displace the primary one. It avers that the symptoms arising from provings are the true guides for the administration of remedies in disease, all of which we deny. How near then do we come to being homeopaths?

In the first place we are pleased with some of the methods of homeopathy. We regard the practice of proving remedies as a great aid in directing our attention to parts, organs or systems influenced by drugs, for we believe in the principle of tissue affinity, but we consider the practice of proving only a preliminary to the full light which clinical observation affords in therapeutical research. It points out the road which we are subsequently to explore, from a distance as it were. Then we are pleased with the action of some of the remedies introduced by homeopaths. But does that convert us to a belief in the fundamental doctrines of the Hahnemannian school? It would be just as sensible to assert that homeopaths have all become eclectics in belief because they have, not long since, adopted many old eclectic remedies into their materia medica. Then we admire the thoroughness with which they carry out their plans of drug investigation, but does that constitute one of the exclusive tenets of homeopathy, or signify that an earnest believer in minute doses is a convert of it? Certainly it ought not to.

We deny that drugs properly administered in diseased states create disease, but, rather, affirm that they encourage vital activities up to a normal standard where disease cannot exist. As for the leading symptoms of provings being guides for prescribing, we aver that this doctrine is many times a failure, and that we must become acquainted with the clinical uses of drugs before we can become successful therapeutists. We are thankful for all the aid it can afford us in the treatment of disease, and feel that as eclectics we can make use of it with all consistency. Then why should we repudiate substantial and safe grounds for exploded theories?

Reduction in Price of Subscription.—Our readers will observe that we have with this issue reduced the price of our journal to \$1.00 per year. We have for some time been conscious of the fact that the price was too high when compared with the amount of material, say nothing of quality, furnished by Eastern journals, but the price before asked when compared with that of similar publications on this coast was not unreasonable, for the cost of printing is higher here than in the East.

But we wish to give our journal a much wider circulation than it can possibly acquire on the Pacific Coast, and in order to do this we offer it at a price which every eclectic can afford to pay. In placing it at this low figure we hope every one will observe the requirement of "pay in advance." We have passed our teething period in journalism. Our journal stands upon a solid financial basis and we can afford to be square-toed with dead beats. We furnish the worth of the money, we want our pay. We hope these remarks will not be misunderstood.

In making this change we wish it understood that we shall endeavor to make our journal interesting to Eastern subscribers as a *Pacific* journal, so that it will be of peculiar value *in that respect*. The journal will be sent to those who are not subscribers once or twice, then if they do not subscribe we will cease to afflict them by sending it. Occasionally a sample copy is returned with "refused" written on the wrapper, the one to whom it is addressed refusing to take it from the post-office. What bumps of caution such men must possess! We opine they have never acquired eminence as surgical operators.

Those who have paid for the journal in advance at \$2.00 per annum, will be credited for next year or furnished two copies during the present one, as they may signify by writing to us. We would much prefer sending an extra copy for a friend. Delinquent subscribers are expected to pay up arrearages at old rates. We wish very soon to meet our printer on equal terms.

An Interesting Legal Point.—Among other interesting items gleaned from the *Medical Record* for this issue we draw from an editorial article in the December 22d number the following points.

A lady of northern New York sued a railroad company for injuries said to have been sustained in a collision, the result of negligence upon the part of the employees. The defendant denied that she had sustained any injury at the time and affirmed that plaintiff was either feigning or that she had been suffering from disease prior to the time the accident occurred. In order to carry out this theory of a defense the railroad company obtained an order requiring her to submit to an examination of her person by three physicians selected by the company under the direction of a referee. The order also provided that such other physicians as the plaintiff desired might be present at the examination and that she should answer such questions as the physicians chosen by the company should put to her regarding her sensations and feelings at that time.

The plaintiff appealed from this order, and it was reversed by the higher court, in an opinion, some parts of which are of interest and are as follows:—

“It is undoubtedly true that not unfrequently plaintiffs suing for bodily injuries do exhibit in court the injured part. Nor do we know of any reason why they should not do this, notwithstanding the exhibition may excite sympathy. And on the other hand all unreasonable concealment of an injured part (not justified by any dictate of modesty or otherwise) may excite a doubt in the mind of the jury as to the genuineness or extent of the alleged injury. But we cannot admit the principle that, either in the presence of the jury or in the presence of a referee, a party can compel his opponent to exhibit his body in order to enable physicians to examine and question and testify.

“Section 834 of the Code forbidding a physician to testify to information obtained while attending a patient, necessary to enable him to act, is not strictly applicable to the question now under consideration.

"But, if the law will not permit a physician voluntarily consulted to reveal what he has learned, can it be that the law will compel a party to reveal by exposure of the body and by answers to questions, facts to a physician to which he may afterwards testify in court?"

"There may be danger that in action of this nature plaintiffs will exaggerate the injuries they have received, and that defendants may be at a disadvantage in ascertaining the exact truth. But this evil is far less than the adoption of a system of bodily and perhaps immodest examinations, which might deter many, especially women from ever commencing actions, however great the injuries they had sustained."

"When Doctors Differ Who Shall Decide?"—We are reminded of this old proverb by reading to-day two articles, one by Dr. G. C. Pitzer in the *American Medical Journal*, and the other by Dr. G. M. Schweig in the *Medical Record*, upon the treatment of urethral stricture. Both express themselves very positively and doubtless have been successful each in his own peculiar way in managing this difficult disease.

Doctor Pitzer refers to the work of Dr. Gross on "Disorders of the Male Sexual Organs," and dissenting from his views in the treatment of stricture,—that treatment consisting of the local application of medicaments and the use of bougies and other surgical measures, remarks:—

"But we are eclecticians and prefer electricity in overcoming and curing urethral strictures.

"Of course where the parts are very tender and a high state of inflammation is present suppositories containing iodoform or sugar of lead and tannin or hamamelis may be placed in the urethra once or twice a day for awhile, and occasionally an opium suppository may be placed in the rectum to relieve pain, lessen sensibility and give rest. But for the radical cure of stricture electricity is the remedy. No treatment yet devised is so successful in the treatment of stricture—spasmodic or organic—as electrolysis. In spasmodic stricture the faradic current cures by its relaxing power; but the great majority of strictures we are called upon to treat are of an organic character and require the constant galvanic current, not the faradic."

Dr. Schweig, on the other hand, asserts that with his stricture-dilator he can cure many cases at one sitting, by forcibly dilating the narrowed passage. In support of this statement he records a number of cases.

In closing he remarks of the treatment by electrolysis:—

“As for galvanism, removing or curing a stricture, while I do not desire to deny possibilities, I confess I have never had the patience to see a case through. At any rate, even if feasible in favorable cases, it would be taking a long, tedious, roundabout way to accomplish what can be obtained with infinitely more speed and certainty, and with less discomfort, by a short cut.”

It is possible and probable that both these gentlemen have been successful in the treatment and each in his own way. Possibly, therefore, each has become enthusiastic in the merits of his own methods. In consideration of their claims, therefore, we may accept them with some reserve and test both plans before deciding as to their relative merits. We are of the opinion that some will not bear dilatation kindly; that there are others where it might be employed in preference to electrolysis, with advantage.

Chaff.—Some of our eclectic writers have recently been struggling mightily to determine whether there is any difference between Scudderism and Hahnemannism. If they will devote such time to independent investigation of therapeutic agents they will cut better figures and manifest better sense. The medical world did not cease to advance when Hahnemann died, and it will wait at the demise of no man. Honor is due every one who adds to the knowledge of the times, but he who devotes pages to a discussion of so unimportant a matter as the question of the agreement of homeopathy with specific medication loses sight of the kernel and busies himself with the chaff. Let us have facts which will help us to better success in the treatment of disease, and we can afford to leave such discussions to the time when medicine shall become a perfect science.

Catheter Fever.—The untoward effect of irritation of the vesico-urethral track by the mechanical influence of catheters is familiar to almost every practitioner of much experience, and yet its dangers are not emphasized sufficiently to place them fairly before the profession.

We have known of one case of severe constitutional disturbance from the excitement along the prostatic urethra following the use of a hard catheter, and in two other instances severe orchitis resulted from the passage of metal instruments used without much force—in one case a sound for the dilatation of a supposed stricture.

Catheterism, of course, cannot be abandoned on account of an occasional unpleasant result of this kind, but the fact that such results follow should teach us caution when using catheters, as well as their avoidance in all cases where evacuation can be accomplished by fair effort with other means. The soft rubber catheter should be preferred in the majority of cases, for it may usually be introduced without difficulty, and is less liable to provoke traumatic fever, or sympathetic irritation in neighboring parts.

At a meeting of the Clinical Society of London not long ago, Sir Andrew Clark reported a case of "Fatal Catheter Fever." The patient consulted a specialist in 1880 for slight incontinence of urine, who, finding the prostate enlarged so as to obstruct the urethral passage beyond the power of the expulsive efforts of the bladder, advised him to use a catheter. Four days later he was taken with symptoms of traumatic fever, and the temperature rose to 100, the pulse to 120. This condition gradually became aggravated, the urine was found to contain pus, and the patient died within eight or nine days. An autopsy revealed results of inflammation of the bladder, though the kidneys were found healthy. Dr. Clark stated that he had seen four or five similar cases every year since that time.

The *London Lancet* commenting on this asserts that such a fever is not liable to affect men who have been previously

free from disease of the urinary tract, but is apt to arise in those who have been the subjects of stricture, irritation of the prostate and vesical atony—that in such cases there is a chronic interstitial nephritis, affecting the cortical portion of the kidneys, and that the slight irritation of the catheter sets up an acute aggravation, which results in supuration and death.

Death of Dr. S. H. Potter.—Dr. S. H. Potter, one of the pioneers of eclectic medicine and at one time a strong pillar, died at his home in Hamilton, Ohio, December 9, 1883. Dr. Potter has been identified with two eclectic medical colleges. First he lectured upon “Theory and Practice” in the Syracuse Medical College in Syracuse, N. Y., from 1849 or thereabouts, until 1855. The next year he lectured upon the “Principles and Practice of Medicine” in the American Medical College of Cincinnati. During all this time he published a journal devoted to liberal medicine. For a man of his time, Dr. Potter was characteristically liberal in his views and manifested a surprising readiness in his advanced years to march with the progress of the hour. He was a typical and worthy exponent of our cause.

Compliments.—Our neighbor over the bay, the *California Homeopath*, sandwiches some good words for us in among a number of eulogistic references to homeopathy, all of which is quite proper and consistent with its professed faith and practice. We reproduce that which pleases us best, for who would not be vain of a little commendation from a worthy source? Referring to the CALIFORNIA MEDICAL JOURNAL, Dr. Boericke observes: “We wish to compliment our brethren of the eclectic school on their success in carrying on a medical journal, and we can but imitate many of their methods. We have been pleased to note a constantly increasing value and dignity of the articles with each succeeding number.”

Who's Hit?—A correspondent of the *Chicago Medical Journal* sends the following rocket into the Cincinnati camp. We supposed there were three medical colleges in Cincinnati at any rate, for we believe that many swear by "Calamy and Jalap," but it seems one is left out in the cold.

This correspondent estimates the city to contain four hundred and sixty-three doctors "regular, irregular and defective," five hospitals, *two medical colleges*, two medical libraries, five medical societies, three medical journals, a health board, and an extra proportion of midwives and bogus colleges. Business is evidently dull with that M. D. A few doctors should move out and give him a chance.

Young's Automatic Surgical Chair.—In many respects this is the best operating chair in the market. It is also the cheapest first-class chair manufactured. To the operating surgeon, or to the gynecologist, it is indispensable, being readily adapted to almost any position of the head, trunk, pelvis, or lower extremities. The editor and Dr. Cornwall are exclusive agents for the State of California, and will give prompt attention to all communications, either personal or written, concerning it. A chair can be seen at Dr. Cornwall's office, in San Francisco, 120 Post Street. Address written inquiries to the JOURNAL. Price in leather upholstery, \$55.00; in cheaper trimming, as low as \$45.00.

NOTES AND COMMENTS.

EFFORTS are being made to raise funds for the erection of a monument to the memory of Dr. J. Marion Sims.

WE will forward a sample copy of the JOURNAL to any one who may not have seen it. We are confident that no Eastern eclectic will regret the expenditure for subscription. We aim to present something new and original each month. If you do subscribe for the Cincinnati or St. Louis journal, you ought to have ours also, to be fully equipped. Something may happen away out here that you will lose without it.

J. R. PHELPS, M. D., dentist, of Marysville, California, is thinking of moving to the city. The doctor is a graduate of Bennett, Chicago.

THE National will hold its next annual meeting in Cincinnati, Ohio. Something ought to wake up that old town which no longer porkopolis is no longer metropolis.

DR. PIERCE'S article on "Morbus Coxarius" contains reminders on points very liable to be forgotten and neglected by the general practitioner. Read it carefully.

DR. BILLROTH performed resection of the pylorus in June last. The patient was a woman forty-six years of age. The diagnosis was cancer. The woman recovered and was well in October.

DOCTOR SEARS, of Sonora, has retired from business at that place, and thinks of moving to Oakland. The Doctor has practiced medicine a great many years, and has been thirty years at Sonora.

NEW subscribers will please be particular about writing their names and post-office addresses. It would be best to send printed cards where such are in their possession. We desire to have these severely correct.

THERE are locations for several good eclectics in California. Any one interested may address with stamp the editor of the JOURNAL, or Dr. F. Cornwall, 120 Post Street, San Francisco, who will reply, giving full particulars.

WE learn from the *American Medical Journal* that the Field college, *alias* the St. Louis Eclectic Medical College, has "gone dead"—is "Petered out." Upon which we are constrained to exclaim: "For this and all other blessings, Lord, make us truly thankful."

DRUGGISTS must look a "leedle oud." The wholesale drug house of Billings, Clapp & Co. was recently found guilty of selling tincture of opium containing a less quantity of morphia than that named in the Pharmacopœia, and fined therefor. They have appealed the case to the Supreme Court.

THE balance of our sister States of the East promise to fall into line in the matter of legislation to regulate the practice of medicine, very soon. The probability is that this will in most instances take the form of a State Board of Health, as in Illinois, or, possibly, in separate Boards for the principal schools, as in California. If this arrangement

can be conducted with fairness so as to afford tax-payers and voters equal rights, so as to protect all educated physicians without partiality to school, it will be perfectly proper. In these days of bogus diplomas and short-time graduations, it is well enough that some measure of surveillance should be exercised over the doings of medical colleges. The graduation fee is a great temptation to some college managements to pass men through who have not nearly fulfilled the requirements of the law. Let them be watched. It will do no harm to the innocent and may bring the guilty to justice.

WE are in receipt of a communication from Dr. T. A. Wright, President of the Kansas Eclectic Medical Association, in which we find some statements worthy of note. Kansas has 650 respectable eclectic practitioners within its limits, and a society of 250 working members. It is the banner State for eclectic medicine in the Union. The sixth annual meeting of the State Society will be held in Topeka, commencing February 5th, and continuing three days. From a glance at the list of appointments and the subjects embraced, we would expect some valuable papers.

DR. JOHN ELFERS, of Sugar Branch, Indiana, speaks very highly in the *Therapeutic Gazette*, for January, 1884, of his use of cascara sagrada in internal hemorrhoids. Among the many cathartics which he has employed in this condition, this one is, par excellence, the best, while its protracted use, by relieving the cause to which the hemorrhoids are largely traceable, contributes to a permanent cure. He strongly recommends the use of this drug in those cases where, either from reluctance on the part of the physician or objection on the part of the patient, operative interference is not resorted to.

PROFESSOR MACLEAN'S address, which we publish this month, is an interesting and able paper. The doctor differs from some of our writers in the belief that eclectic therapeutics is something more than mere empiricism. In this we heartily concur and believe that he has given us a good rationale of therapeutical action. Physiological investigation can at least serve as a guide to lead us toward more of a definite conclusion than blind empiricism. Advocates of empiricism often unwittingly get their promptings from those very sources. Provings fail to teach all that may be learned

of the value of drugs in the treatment of disease, but they afford such valuable aid that through them we may approximate a correct idea of the character of a new drug, and this will afford some light in its adaption to clinical uses.

THE New York Post Graduate Medical School has been compelled to move from its present quarters to more commodious ones, and will, on or about February 1, 1884, occupy its new apartments on East Twentieth Street. The new building is of sufficient proportions to admit of their combining hospital with school advantages.

AN exchange proposes a solution of one part of chloral to one hundred parts of water as a bath for fetid feet. Where the symptom is persistent the extremities may be kept wrapped in compresses saturated in the solution. Our homeopathic friend would cry "silicia." Another plan is to sprinkle a powder composed of one part salicylic acid to five of starch in the socks.

SEVERAL names have been standing on our books since the beginning of the first volume with no credit opposite them. People may imagine a medical journal can be published without money, but let such try the experiment. We have unloaded our list of a few whom dunning has failed to budge, this month. We will unload a few more next month, if they are not heard from in the meantime.

WE have been furnished a paper on "Diseases of the Throat," by Dr. Cornwall, for this issue, but through his advice have refrained from publishing it this month, for the reason that our journal is already full to overflowing. The article is one of great practical value and will appear next month, and probably one will appear regularly thereafter in each issue. Whenever these articles fail to appear the Doctor will provide something else of fully as much value.

IT may be interesting to our Eastern readers, who are struggling with weather inclemencies and making night visits only under strong protest, to know that we of the California Coast are moving much of the time amid sunshine and flowers. The evenings are a little cool, but not enough so to render a walk without an overcoat unpleasant, and one can rise in the night, dress, and attend a call without shivering, and chattering his teeth with cold. A little frost may be seen on the roofs, of an occasional morning, but it does not seem to affect foliage or flowers. The great-

est fault found now is the dryness of the weather, which promises to interfere with the development of crops. It is one of the faults of this country. Withal, we find the contrast with Eastern winters quite favorable.

DR. CROWLEY'S "Deer Hunt" attracted a great deal of attention from our readers. There have been so many demands for the December number, which contains the first part, that the issue is exhausted. The Doctor promises a series of articles on the science of muscular development, within a few of the coming months. As he has given this subject much attention his articles will, undoubtedly, be highly valuable, containing much information not to be found elsewhere.

DR. A. C. SHERWOOD, of Marshalltown, Iowa, a veteran eclectic of that State, is sojourning in the glorious climate of California this winter. He is one of the few of our school who has been willing to contribute to the cause in time, money, and labor. Under the guidance of his conservative judgment the State Eclectic Medical Society of Iowa grew and flourished for many years. We hope the Doctor may renew his health and conclude to remain with us the remainder of his life.

BOOK NOTICES.

A SOUTHERN CALIFORNIA PARADISE (in the suburbs of Los Angeles). Being a historic and descriptive account of Pasadena, San Gabriel, Sierra Madre, and La Canada.

"A purple sky is resting where
In purpling haze the mountains fair
Seem touching it to vanish there.
Unlocked by hills, in calm profound,
A fertile valley here is found,
Which hills, and mounts, and streams surround—
The vale of Pasadena."

Our knowledge of Southern California—of Los Angeles and its suburbs—is restricted to a passing glance, but its vivid impression lingers still, a memory of visions of nature's prodigality. There is something restful in the surroundings that inspires the visitor there to revert to it often in after time. The worn-out practitioner who is seeking a home where the chilling frosts of winter do not come, and where the suffocating atmosphere of midsummer is never present, where an almost endless variety of fruits and flowers abound, where summer and winter meet with no unpleas-

antness, will find it the spot, if reports be true. Mr. Farnsworth's work presents us with the facts in regard to this favored clime in a modest, clear, earnest manner. It is not intended as an advertisement for any railroad or land company, and aims to afford reliable information for those interested in knowing about that region. Physicians will find interesting articles from competent writers upon its advantages as a health resort. The work is well executed mechanically and contains many fine illustrations. Send fifty cents to R. W. C. Farnsworth, Pasadena, California, and secure a copy.

THE CALIFORNIA HOMEOPATH. Edited by Wm. Boericke, M. D.
A journal devoted to the interests of homeopathy on the Pacific Coast.

The first number of this journal for Vol. 11 comes out in pamphlet form and presents a very attractive appearance. We rail occasionally about homeopathy, but have little to say, it will be noticed, against the success which attends its practitioners. Our chief objections are to its devotion to falsely conceived theories. As practitioners they are usually successful because they are really eclectic in practice.

We can commend the *Homeopath* to our readers. They will lose nothing through a knowledge of homeopathic methods, and if men of stamina they need have no fears of becoming proselyted. Besides, we want no men in the eclectic ranks who believe they should be trammelled by a dogma. Let each one seek his proper sphere. Believing, however, that no physician can be a thorough eclectic who turns his back upon the teaching of any school without first investigating its merits, and believing that all contain some good, the homeopathic much by the way, we commend its literature to the favorable notice of all.

REVIEWS AND REPRINTS.

IN the January *Chicago Medical Times*, is an article by Dr. W. T. Nichol upon the subject of nerve vibration and percussion. For the past two years this subject has been attracting attention in England, and several articles have appeared upon it in the *Lancet*, chiefly from the pen of Dr. Mortimer Granville. The theory advanced by advocates of this kind of treatment is that nerve action is accompanied by vibrations of the essential elements of nervous tissue. "Cells vibrate as bodies suspended in the inter-cellular stroma of the gray

matter, and fibers vibrate as delicately-poised rods within the partite cylinders formed by internal prolongations of the neurilemma or nerve-sheath. If deposits take place upon the partition walls of a nerve-sheath or in the interstices of a nervous cell bed, or when the connecting tissue forming the framework of a nervous structure *proliferates*, the vibration of a cell or fiber is mechanically prevented and the transmission of nervous force from a center or along a nerve is physically impracticable." This sclerosed condition it is believed may be removed by the application of the law of development through stimulation of the nervous elements by percussion. It is indeed asserted that this theory has been substantiated by clinical experience—that with the percutier, an instrument devised for the purpose, various nerve trunks and centers can be so influenced as to afford highly satisfactory improvement in persistent nervous affections. "By inducing vibratile movements in the nervous elements proper, the solidifying deposit or proliferating connective tissue may be arrested, the mechanical motion imparted to the nerve structure tending to shake loose and promote the absorption of any partially consolidated or adventitious matter similar to the manner in which adhesive bands springing up between tendons and their sheaths are broken down and absorbed under the influence of passive movements."

The percutier is not a rival of electricity, but acts in an entirely different manner. Electricity cannot be confined to any particular nerve, but travels in a diffused manner through contiguous structures that are good conductors. The influence of the percutier may instead be confined to a particular part of the nervous system. Nerve percussion is adapted to the treatment of obstinate neuralgias, to choreic movements, and to stimulate torpid conditions of the nerve centers. It is thus adapted to nervous affections of the eye and ear, to locomotor ataxy, neurasthenic states of the central nervous system—notably spinal debility, resulting from exhaustion, from over-exertion, shock or sexual debility, to perverted states of the vaso-motor nerve centers, to indigestion and constipation of long standing, and other nervous affections. Dr. Nichol says: "Soon after receiving the percutier, a young lady presented herself for treatment who was suffering from atonic dyspepsia, constipation, painful menstruation, tender spine, and general nervousness, for which condition she had for the past two years been receiving medical treatment without any

marked relief in the symptoms. I applied the percutier over the solar-plexus and anterior tibial nerve one day, alternating the next with applications over and on either side of the lumbar and sacral spines. Continued these applications about twenty minutes each day for eight days with the result of improving digestion, relieving the constipation and spinal irritation, and causing the appearance of the menses a week before the usual time. Two months later she wrote to me, stating that she had been very much better in every way since the percutier treatment than for two years previous."

The percutier exhibited consisted of two metal reels wound with wire held in position by a steel framework. To this "is attached a lever which, when the instrument is attached to a powerful motor battery, is made to vibrate very rapidly. To the end of this lever is attached any one of eight differently shaped rods and discs, which, when held over any particular nerve, causes it to vibrate by striking in very rapid succession a number of short blows. No electricity passes through the patient."

PROFESSOR HOWE contributes an article upon dysmenorrhœa to the January number of the *Eclectic Medical Journal*, which contains some practical points worthy of consideration. He draws the conclusion that normal menstruation is a painful function, that it being attended by rupture of a graafian follicle the traumatism is necessarily attended by some distress, yet not one woman in ten experiences excessive pain. Discussing the etiology of this disease he is inclined to ascribe it to neurosis as a rule. Mechanical causes of menstrual pain are not now considered so common as formerly. These occasionally occur as obstructions of the external and internal os, flexures of the uterus and plugging of the internal canal by concula or membranous shreds. These conditions are best remedied by dilatation, the accomplishment of which is usually secured by the writer by the use of Ellinger's dilator or some modification of that instrument. Occasionally a case of dysmenorrhœa from subinvolution will require the repeated application of hot water douches, aided by a lint tampon saturated with fluid extract of ergot, while attention is given to the condition of the general health. Pregnancy may cure this condition, but it is liable to be attended by sterility if the distorted condition is marked. Menstrual pain endured by young women is neurotic in origin and to

be treated constitutionally. A hot brick to the feet and a hot plate to the hypogastrium will often afford comfort and sometimes even prove curative. If the patient is anæmic, peptics and nutrients with iron, arsenic, and phosphorus should be thought of. If plethoric, on the other hand, macrotys pulsatilla, and apiol should be employed. Two of these remedies should be given during each week preceding the menstrual period. In case it is desirable to dilate a narrow cervical canal through which the point of a dilator will not pass, a graduated set of bougies, then a sound should prepare the way for that instrument in time. Apiol is an oily liquid obtained from the apium petroselinum; dose ten to fifteen drops. It is not a new remedy in dysmenorrhœa.

In the same number he describes the treatment of a case of fracture of the outer table of the skull over the frontal sinus where fragments had been driven into that cavity and allowed to remain five or six months. An ax was wrenched from the hands of the patient while chopping off a bent sapling, through the rebound of its fibers, and hurled past his head, cutting a vertical gash nearly an inch in length across the eyebrow a little to the left of the median line of the forehead. A surgeon was called who expressed the opinion that the wound was a serious one and that fragments of bone had been driven inward to penetrate the brain, but considered it politic to await the development of epileptiform attacks or other resultant symptoms before trephining—a view characterized by Prof. Howe as very conservative, too much so, for the reason that after convulsive action has once set in as a sequel to such irritation, the removal of the exciting cause rarely relieves the disturbance established in the nerve centers. The surgeon closed the wound with adhesive plaster, and in a week or two it had healed, but annoying head symptoms persisted. The bodily powers failed in a measure, the mind was disturbed, and vision and hearing both became somewhat disordered. The voice grew weak until the patient could not speak above a whisper. Five or six months after the reception of the injury Prof. Howe lifted a V-shaped flap from the point of injury and cut through the outer table into the underlying frontal sinus with a pair of gouge forceps. Within were found fragments of bone, which were disengaged with a probe and removed with a pair of common dressing forceps. Subsequent reports warrant the belief that the patient will now recover. Inter-

esting facts as confirming the assertion that the frontal sinuses are in communication with the nasal cavities were that a few drops of blood escaped from the nose at the time of the injury and also at the time of the operation. Also a bubble of air was observed to escape from the incision at the side of the replaced flap.

DR. CHARLES G. GARRISON, in reporting to the Camden County Medical Society, *Medical Bulletin*, summarizes the relations of physicians to the law under three heads:—

1. As a plaintiff. There is nothing in the profession peculiar to the physician. A "visit" *per se* is not a valuable consideration and therefore not a lawful demand. "A professional visit, at the request of defendant," is recommended as a proper form.

The defense: He did not cure or benefit defendant is no bar to recovery, as *skill* and *care*, not cure or benefit, are the conditions of the implied contract.

2. As a defendant: The law presumes that a physician agrees to furnish the fair average skill of the craft, *not the highest known* to the profession.

3. As a witness: This may be ordinary or expert. The ordinary witness testifies only in regard to what he saw, heard, or observed in the case, the same as any other witness. *As expert*, the position of the physician is judicial, and *he should be called by the court*, and not by the contestants.

The society took action favoring the adoption of a law requiring medical experts to be employed by the court. This is a move in the right direction, and if generally adopted, will, in all probability, facilitate trials and the cause of justice.—*Leonard's Illustrated Medical Monthly*.

DR. E. YOUNKIN contributes an article to the *American Medical Journal* for January, on varicocele, in which he declares his preference for subcutaneous ligation of the enlarged vein before the practice of excision. His operation consists in carrying a needle, manufactured for the purpose, set in a handle with an eye near the pointed extremity, through the tissues of the scrotum alongside the dilated vein. With the point emerging upon the opposite side, the eye is then armed with a No. 1 catgut previously made soft and pliable by soaking in a solution of boracic acid and water, and then the needle is drawn backward, bringing one end of the catgut through. This is now

released from the needle and that instrument passed into the same point of puncture along the opposite side of the vein and out at the opposite side through the one puncture. The second extremity of the catgut is now introduced into the needle and drawn through so that the dilated vein is included in the loop. The catgut may now be tied snugly upon the vein and the knot afterward be pushed backward out of sight, or brought through a quill or bougie and tied. As many loops may be employed as the size of the affected part seems to demand. The doctor neglects to mention the importance of separating the vas deferens from the enlarged vein and pushing it aside before operating. Probably he regards this as a matter to which all his readers will be alive. Old practitioners, however—those often the least capable of performing such operations—may attempt them, and fullness of detail would not come amiss were they to act upon the instruction contained in such an article.

DR. GEORGE J. SINTZEL, in a late number of the *Weekly Medical Review*, reports an interesting case of sciatica with a history of its ineffectual treatment with drugs for about two months, and its final cure by the operation of nerve stretching. The patient was a robust German girl aged twenty-eight years, who had menstruated regularly and never been sick except from an attack of malaria about a year previously. The symptoms of sciatica were developed July 13, 1883, and were treated with salicylic acid, iodide potassium and wine of colchicum, accompanied by opiates in surprising quantities, as much as one-fourth grain doses being administered every two hours for four days, five grains of quinine being combined with each dose. All this only resulted in temporary relief, and as the pain on the whole increased in severity the drug was injected deep into the tissues over the sciatic nerve, but still without satisfactory results. With all this array of narcotics the patient was screaming with pain during the evening of the fourth day so as to be heard at a neighbor's a quarter of a mile away. Atropia, chloral hydrate, aconite, and belladonna, as well as electricity, were tried in connection with various nerve stimulants and tonics, as phosphorous, the chalybeates arsenious acid and nux, but more than three weeks passed without bringing any permanent relief. Counsel was then called, and iodide of potassium was again administered and a fly-

blister applied over the sciatic region, a measure which the attending physician had already employed early in the treatment. It will be noted that two very important remedies, viz.: macrotys and colocynth, were omitted from the treatment, and it is probable as the matter is not elucidated that the electrical treatment was empirical, so that no discredit should be attached to its failure to benefit this case. The immense amount of morphine introduced into the patient's system might also have operated prejudicially to a cure, by arresting secretion and paralyzing vital processes. Alcoholic vapor baths persisted in would in all probability have afforded greater relief than the narcotic, and would doubtless, by encouraging cutaneous excretion and retrograde metamorphosis, have originated a tendency to permanent relief. However, the attending physician and his counsel were at length driven to the alternative of nerve stretching or going over the old ground, and the patient finally, in desperation, though she refused for some time, consented to submit to the operation. Being placed under the influence of an anæsthetic the patient was placed upon the left side (it may be mentioned that the right sciatic nerve was the one affected), and an incision was made corresponding with the middle portion of the pyriformis muscle, "and carried downwards about three inches. After the integument, adipose, and superficial fascia had been cut through, the gluetus maximus was divided, exposing the lower border of the pyriformis." The index finger of the right hand and then successively the second and third fingers were insinuated. The limb was now extended and held there by an assistant. Then the surgeon made traction upon the nerve both downward and upward stretching it about an inch, the operator using a force estimated at about the weight of eighty pounds. The wound was afterwards cleansed by Listerine solution and closed with three carbolized catgut sutures deeply placed and three more superficial ones. At the end of one week the wound was well and all pain was gone. Two months after the operation the patient continued well.

IN a communication in the *Allgemeine Medicinische Central-Zeitung*, of September 22, 1883, Doctor Selden, of Stockholm, relates his method of treatment in diphtheria by the cyanide of mercury. He employs a solution of one-tenth grain to the ounce, of which to older children and

adults he gives a teaspoonful every hour and half hour day and night. The patient also gargles frequently with the solution. In cases of threatened heart-failure he gives in addition some Tokay wine, and in desperate cases he adds to this a tablespoonful of oil of turpentine in a cup of milk. Great stress is laid upon the treatment during convalescence—fresh air, a nourishing diet, and strict confinement to bed being insisted upon. Of sixty-one cases of contagious diphtheria treated by this method, Doctor Selden lost but three. Several years ago Doctor Erichsen, of St. Petersburg, proposed the mercuric cyanide as a valuable remedy in the treatment of diphtheria, giving it in doses of one-ninety-sixth to one-forty-eighth grain. Of twenty-five cases thus treated he lost three. Others who have used the same drug report favorable results, but from the small number of their cases and the absence of systematic observations their testimony is of no great value.—*Medical Record*.

THE *Wasp* of December 1st, in its notices of magazines says the following:—

“The *California Medical Journal* for October (we believe there have been one or two numbers published since, but they have not reached us) is, as usual, as interesting to the lay mind as it can be to that of the expert. The *Medical Journal* is really a well-edited publication, catholic taste and much discretion being exercised in the selection of its articles. If the editors would only consent to omit a certain line of offensive discussion they would make a journal that would be sure to earn a large circulation outside of the profession.”

We can scarcely agree with our contemporary. What paper, medical or otherwise, ever attracted the public sufficiently to get a circulation but did it by having some striking characteristic or individuality? Conservatism will pay in business or society but a newspaper will starve on it. To be fearless in the publication and defense of what is conceived to be right, is the policy that suggests itself to us as the best for an editor. Is it the conservatism of the *Wasp* that has made it so many readers? We think that a medical journal, in order that it favor the advancement of the science of medicine and also please the reader, should be at war with all that is erroneous, or unjust inside the profession. It is not sufficient that it publish the purely scientific news of the day; doctors as well as lay people get bored ever its dryness.

The *Wasp* refers to our advocacy of eclecticism as the "offensive discussion." We would infer from this that it considers the existence of this sect in medicine superfluous.

Medicine being considered a science, or of a scientific character, it might be thought there should be no differences of opinion. Much of an exact character has been demonstrated in the profession, and over this there can be no cavil, but there still remains so many problems in animal life which are inscrutable, that mere conjectures must often take the place of what ought to be established facts. The action of agencies which favor the reparative forces, or cure disease, is particularly mysterious. The result is all that can be known, and of its mode of accomplishment we may only conjecture.

There is a necessity of a continual strife in the medical profession in order that it progress in the art of healing, and this strife can only exist through differences of opinion. So soon as medical men cease to do their own thinking, and look to authority for a guide, so soon will the profession commence its decadence. So long as there are different sects in medicine, each striving to excel in the results of its effort to cure disease, so long will there be advancement.

We still think that we will continue the "offensive discussion" of the subject as to which is the superior method of healing the sick. C.

We find the following in *Leonard's Illustrated Medical Journal*:—

"The editor of the *California Medical Journal* (eclectic) asks the question, 'Why should not all the schools associate?' for 'there is no school of medicine that is all *wrong*, neither is there (then) one that is all right.'

"There is room enough in the regular profession for all good men, but it is presumed certain parties find it much easier to decry established usages and thus attract attention—get business—than to rectify existing evils, hence the schools."

The writer went out of his way for a straw man. We have made no such remark since our connection with the journal, nor has Dr. Cornwall. Though the idea is a very pertinent one and did no discredit to the writer, *we* feel that amalgamation with allopathy would be no gain to eclectics. But this is the wrong day of the world to decry fault-finding in matters medical. If the Ruler of the universe had not found fault the devil and his imps would still reign rampant

in Heaven. If there had been no fault-finding in medicine heroic doses and bleeding to syncope would still be in vogue. Fault-finding leads to analysis and analysis to progress. We know our "regular" *brethren* are annoyed at innovations—are mortified at having been obliged to make a change of base—at the thought that other schools dare find fault, but humanity has just reasons for feeling very thankful in the matter.

As for there being "room enough in the regular profession for all good men" that is an assertion that might be questioned. We know of several so crowded that they are hanging to the ragged edge waiting for some one to move out or die that they may live. It strikes us that there is a very small amount of room in the "regular" profession left for anybody.

A CORRESPONDENT from Mendon, Mich., writes us as follows:—

"I have long noticed that among physicians there is a want of unanimity in the pronounciation of certain medical words, such as the termination 'itis' in bronchitis, etc., râle, quinine, and perineum. Will you please give us the accepted pronounciation of these words and thus oblige."

It is very unfortunate that there is no absolute standard for the pronounciation of many medical terms. Those that are derived from Latin and Greek are pronounced by most teachers and lecturers chiefly according to the Continental or Roman methods. Many words, however, would not sound familiar if so pronounced, and consequently a sort of mongrel orthoëpy prevails. But even apart from this mixed and unjustifiable method, which applies chiefly to anatomical nomenclature, there are many commonly used words which are as frequently mispronounced.

We append here a few of them:—

Abdo'men has its accent on the penult, not the antepenult.

Ex'-cretory is accented on the antepenult.

Fe'-brile has a long *e* and a short *i*, the latter pronounced like *i* in hit, according to most authorities.

Hy'- or *Hyd'-a-tid* has the accent and division of syllables as indicated.

Max'illar has the accent on the antepenult.

Mid'wifery is accented as shown.

Phthisis, *bronchitis*, and all words ending in the inflamma-

tory "itis," are pronounced with a long *i* like that in mite, according to nearly all lexicographical authorities. The customary pronunciation of these syllables, however, in all parts of the United States (except to some extent in New England) is to give the *i* the sound of long *e*, which it had in its original Greek derivative. A custom so long and so universally sanctioned, upheld by etymology, gives authority to this pronunciation and we believe it to be more justifiable and correct, as it certainly is more euphonious, than the lexicographical one.

Quinine, according to all dictionary authorities, has the first syllable pronounced like "kwi." The word is variously divided and accented, there being no settled authority either as to this or the length of the vowels. No English or American lexicographer admits the very common pronunciation "kee-neen." Yet we believe that this last is the more correct. Quinine was originally and is now as it stands, a French word, and naturally should have the French pronunciation. Custom has given it this, although the dictionaries would take it away. An English equivalent, such as "*quinia*" might very properly be used and pronounced as an English word.

Sé'cundine has its accent on the antepenult.

Trephine' is accented on the last syllable.

Vag'inal, according to most authorities, is accented on the antepenult, although the noun *vagina* is accented on the penult.

Em'esis, not *Emē'sis*.

The list of words given in most dictionaries, whose pronunciation differs, according to different authorities, includes nearly fifty medical terms.

It follows that a correct medical pronunciation is not an easy thing to obtain, though a vast improvement might be made on the present practice.—*Medical Record*.

A PAPER published in the *Chicago Medical Times* by Dr W. T. Linquist, contains some valuable suggestions respecting the *magnifera indica* or mango. The doctor has used it in practice for more than ten years, and he asserts that it is an astringent of peculiar energy, and that it can be administered in active inflammations without danger, being therefore serviceable in cholera, typhoid fever, cholera infantum, and diarrhea. He extols it in inflammation and ulcer-

ation of the cervix uteri as a local application, and in menorrhagia, dysmenorrhœa and leucorrhœa, we understand internally, also in hæmoptysis and hemorrhage from the bowels. He further declares that it excels all other remedies known to him as a local remedy in diphtheria. He paints the affected fauces with the full-strength fluid extract, and orders a weak solution as a gargle. Professors Howe and Goff testify to these virtues of the drug as quoted by the above writer. He also ascribes anti-zymotic virtues to it.

THE *Fort Wayne Journal of the Medical Sciences* extols the following formulæ in epilepsy: R̄ ammonia bromide, ℥ii; elixir valerianate ammonia, ℥ii; fl. ext. stramonium, ℥i; glycerine, ℥ii; syrup aurantii cort., ℥iv; aqua dest., ℥v; M. Sig.—tablespoonful before meals. In addition to this take from gr. xxx to gr. lx of potassium bromide at bed time. Preface this treatment with an anthelmintic combined with an active cathartic and see that the bowels are subsequently kept in a soluble condition. The writer adds the prescription of a former colleague, which he indorses, not only in epilepsy, but many other diseases of the nervous system. He asserts that it will quiet the most excited lunatic: R̄ bromide of sodium, ℥ii; bromide of zinc, grs. xxxii; glycerine, ℥i; aqua cinnamoni, ℥vii. M. Sig.—tablespoonful three times a day in a half wineglass of water.

DR. J. MARION SIMS called attention in the *British Medical Journal* of March 10, 1883, to Dr. McDade's compound fluid extract of stillingia. The formula, as given by Dr. Sims, is as follows:—

R̄. Fl. ext. smilax sarsaparilla
 “ “ stillingia sylvatica
 “ “ lappa minor
 “ “ phytolacca decandra aa ℥ii.
 Tinct. xanthoxylum Carolinianum ℥i.

This formula embraces several of our reliable vegetable alterative remedies, and will be recognized by our readers as a combination likely to possess high merit not only in syphilis but in chronic cutaneous diseases. Dr. Sims speaks very highly of it in the treatment of syphilis. Parke, Davis & Co. manufacture it under the name of “Alterative Compound.”

SOME correspondence has appeared in the columns of the *Boston Medical and Surgical Journal*, as to what physicians should do with living monstrosities, which they have just delivered. One correspondent writes that an old physician of high character and standing, had always been in the habit of killing them immediately after they were brought into the world. The writer himself had been content with simply neglecting them, hoping that life would cease if the ordinary precautions were not taken.

The question of what medical conduct should be in these circumstances is one that has often been raised. It appears, on the face of it, more humane both to child and parent to destroy a life which is at once revolting and painful. And it has even been claimed that the physician exhibits a moral weakness and timidity in refraining for personal reasons from "stilling the 'wrongly' spun life."

The same line of argument has been raised also as to the application of euthanasia in cases of painful and fatal disease. An ex-Judge of this city has openly and eloquently argued that it is right and justifiable to end the intolerable agonies of the moribund by medicinal means. In Paris a fund has even been left for the creation of an institution where euthanasia may be practiced.

Despite the strong case which apparently exists for the views thus cited, there is, so far as the medical profession is concerned, no justification in adopting them. Society requires for its own safety that human life in every form should be considered sacred. The physician in his individual capacity has no right to say that any spark of vitality, however feeble or miserable, shall be extinguished. If, in obeying this principle, he causes some increase of individual suffering, the general results of his conduct will be for the true interests of society. He should not destroy, either by active means or passive non-interference the life of even the most misshapen monsters.—*Medical Record*.

DR. W. H. DEWITT relates a case wherein a severe cervical endometritis was speedily relieved by packing the cavity of the cervix with powdered boracic acid, the patient remaining recumbent for two or three hours, with the hips elevated. This should be repeated, if necessary, within four to six days.